IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit	: 2621	**Customer No. 35811**
Examiner	: Ahmed, Samir Anwar	
Serial No.	: 10/643,101	
Filed	: August 18, 2003	Confirmation No.: 3339
Inventor	: Michael Arnouse	
Title	: APPARATUS, SYSTEM AND	Docket No.: 1232-R-03
	: METHOD FOR AIRCRAFT	
	: SECURITY	Dated: February 15, 2005

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Certificate of Mailing Under 37 CFR 1.8

For
Postcard
$225.00 Check
$300.00 Check
Claim of Extension of Time, in duplicate
Amendment Transmittal Letter, in Duplicate
Amendment

     I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.

Name of Applicant, Assignee, Applicant's Attorney
or Registered Representative:

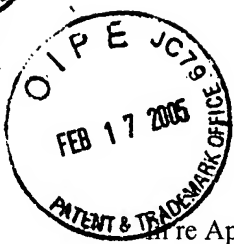DLA Piper Rudnick Gray Cary US LLP
One Liberty Place
1650 Market Street, Suite 4900
Philadelphia, Pennsylvania 19103

By: _____

Date: _____ 2/15/05

Attorney Docket No.: ARN-03-1232R

In re Application of Michael Amouse

Serial No.:   10/643,101

Filed: August 18, 2003

For: APPARATUS, SYSTEM AND METHOD FOR AIRCRAFT SECURITY

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

__x__   Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.

___   A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.

___   No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NO. PRE-VIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
					RATE	ADD'L FEE		RATE	ADD'L FEE
TOTAL	70	-	** 58 =	12	x 25 =	$300.0		x50 =	$
INDEP.	5	-	** 5=	0	X 100 =	$		x 200 =	$
Application Size Fee						$		x250=	$
First Presentation of Multiple Dependent Claim					+180=	$		+360=	$

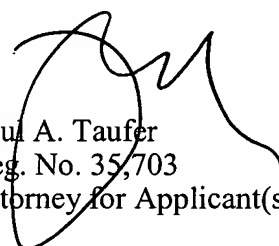TOTAL ADDITIONAL FEE $ 300.00   OR $_____

*   If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
**   If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
***   If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
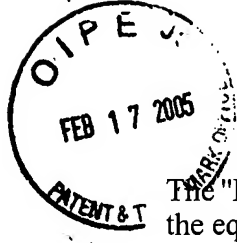
___ Please charge my Deposit Account No. 50-2719 in the amount of $_____.
A duplicate copy of this sheet is enclosed.

_x_ A check in the amount of $ 300.00 is attached.

___ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.

_x_ Any filing fees under 37 CFR §1.16 for the presentation of extra claims.

_x_ Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.

Respectfully submitted,

Paul A. Taufer
Reg. No. 35,703
Attorney for Applicant(s)

PAT:ers
(215)656-3385